

SAMPLE 3 X 5 CARD

MEDICAL INFORMATION

Player's Name _____

Address _____

Parent's Name _____

Telephone: _____
Home Work Alternate

In an emergency, if parents cannot be contacted, notify:

Name _____

Phone(s): _____
Work Home

Doctor's Name _____

Telephone(s): _____
Day Evening

Past Injuries _____

Restrictions/Allergies _____

Hospital Preference _____
